

County: Walworth  
KIWANIS MANOR, INC.  
PO BOX 292

Facility ID: 3880

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EAST TROY 53120 Phone: (262) 642-3995  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/00): 60  
Total Licensed Bed Capacity (12/31/00): 60  
Number of Residents on 12/31/00: 58

Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Average Daily Census: 57

Nonprofit Church-Related  
Skilled  
No  
Yes  
57

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	27.6
Supp. Home Care-Personal Care	No					1 - 4 Years	51.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.4	More Than 4 Years	20.7
Day Services	No	Mental Illness (Org./Psy)	24.1	65 - 74	8.6		
Respite Care	No	Mental Illness (Other)	1.7	75 - 84	36.2		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39.7	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.1	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	1.7			Nursing Staff per 100 Residents	
Home Delivered Meals	Yes	Fractures	5.2		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	13.8	65 & Over	96.6		
Transportation	No	Cerebrovascular	13.8			RNs	10.0
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	7.5
Other Services	Yes	Respiratory	6.9			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	32.8	Male	34.5	Aides & Orderlies	
Mentally Ill	No			Female	65.5		33.9
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay		Managed Care			Total	Percent Of All Residents	
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%			Per Diem Rate
Int. Skilled Care	0	0.0	\$0.00	2	4.4	\$124.07	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	3.4%
Skilled Care	4	100.0	\$299.84	33	73.3	\$105.39	0	0.0	\$0.00	9	100.0	\$145.00	0	0.0	\$0.00	46	79.3%
Intermediate	---	---	---	9	20.0	\$86.72	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	9	15.5%
Limited Care	---	---	---	1	2.2	\$74.27	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1.7%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	4	100.0		45	100.0		0	0.0		9	100.0		0	0.0		58	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	8.2	Bathing	1.7	79.3	19.0	58
Private Home/With Home Health	8.2	Dressing	12.1	69.0	19.0	58
Other Nursing Homes	6.1	Transferring	25.9	50.0	24.1	58
Acute Care Hospitals	73.5	Toilet Use	24.1	53.4	22.4	58
Psych. Hosp. -MR/DD Facilities	2.0	Eating	65.5	22.4	12.1	58
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.0	Continence		%	Special Treatments	%
Total Number of Admissions	49	Indwelling Or External Catheter		6.9	Receiving Respiratory Care	29.3
Percent Discharges To:		Occ/Freq. Incontinent of Bladder		60.3	Receiving Tracheostomy Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bowel		36.2	Receiving Suctioning	1.7
Private Home/With Home Health	26.5	Mobility			Receiving Ostomy Care	6.9
Other Nursing Homes	4.1	Physically Restrained		0.0	Receiving Tube Feeding	6.9
Acute Care Hospitals	18.4	Skin Care			Receiving Mechanically Altered Diets	24.1
Psych. Hosp. -MR/DD Facilities	4.1	With Pressure Sores		6.9	Other Resident Characteristics	
Rehabilitation Hospitals	0.0	With Rashes		25.9	Have Advance Directives	100.0
Other Locations	4.1				Medications	
Deaths	42.9				Receiving Psychoactive Drugs	43.1
Total Number of Discharges (Including Deaths)	49	*****				

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility	Ownership: Nonprofit		Bed Size: 50-99		Licensure: Skilled		All Facilities	
	%	Peer	Group Ratio	Peer	Group Ratio	Peer	Group Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.0	92.8	1.02	86.6	1.10	87.0	1.09	84.5	1.12
Current Residents from In-County	43.1	73.6	0.59	69.4	0.62	69.3	0.62	77.5	0.56
Admissions from In-County, Still Residing	18.4	26.8	0.69	19.5	0.94	22.3	0.82	21.5	0.85
Admissions/Average Daily Census	86.0	86.5	0.99	130.0	0.66	104.1	0.83	124.3	0.69
Discharges/Average Daily Census	86.0	83.8	1.03	129.6	0.66	105.4	0.82	126.1	0.68
Discharges To Private Residence/Average Daily Census	22.8	28.3	0.81	47.7	0.48	37.2	0.61	49.9	0.46
Residents Receiving Skilled Care	82.8	89.0	0.93	89.9	0.92	87.6	0.94	83.3	0.99
Residents Aged 65 and Older	96.6	97.3	0.99	95.4	1.01	93.4	1.03	87.7	1.10
Title 19 (Medicaid) Funded Residents	77.6	67.3	1.15	68.7	1.13	70.7	1.10	69.0	1.12
Private Pay Funded Residents	15.5	27.1	0.57	22.6	0.69	22.1	0.70	22.6	0.69
Developmentally Disabled Residents	0.0	0.4	0.00	0.7	0.00	0.7	0.00	7.6	0.00
Mentally Ill Residents	25.9	32.8	0.79	35.9	0.72	37.4	0.69	33.3	0.78
General Medical Service Residents	32.8	22.4	1.46	20.1	1.63	21.1	1.55	18.4	1.78
Impaired ADL (Mean)	47.2	49.0	0.96	47.7	0.99	47.0	1.00	49.4	0.96
Psychological Problems	43.1	46.3	0.93	49.3	0.87	49.6	0.87	50.1	0.86
Nursing Care Required (Mean)	12.7	7.6	1.67	6.6	1.94	7.0	1.81	7.2	1.78